

## 11. Homeless Women

While families tug at the heart strings of the public and homeless men face discrimination because most people view them as able to help themselves, homeless women remain relatively invisible to the community. Families and friends have traditionally tucked these women into private homes rather than force a living on the streets. Nevertheless, the numbers of homeless women are significant and several providers have developed specialized services for this population.

The numbers of homeless women has risen over the years, stabilized, and receding slightly in rural areas of the state. The statewide trends since 1990 of the total numbers of homeless single women in Utah on any given night are:

<u>Date</u>	<u># Homeless Single Women</u>
1990	140
1992	163
1994	171
1996	217
1998	197

The University of Utah's report, *Utah's Homeless: 1995* surveyed 212 homeless individuals, of which 66 (31.3 percent) were women. The point-prevalence counts show that between 12 and 23 percent of homeless single individuals sheltered from 1991 through 1998 have been women, while the number of female-headed families has ranged from 78 to 97 percent. Two-parent families, which includes an adult woman, have ranged from 23 to 57 percent of the total. The University's survey also found that male homeless were significantly older than female respondents, with the average age for men at 40.1, and women at 34.7. Homeless women were more than twice as likely to be married as homeless men (31.7 percent of women respondents; 14.4 percent of men). Women were also far more likely to have children than men, 71.2 percent of women compared to 55.5 percent of men. Men were more than twice as likely to have spent time in prison (70.2 percent) than women (32 percent).

### *Shelter System*

The Salt Lake Community Shelter and Resource Center, operated by Travelers Aid Society (TAS), opened its doors to individual women aged 18 and above in 1985. It is the largest homeless shelter in the state. The first facility consisted of modular quonset huts which housed 30 women without their children. TAS refurbished the south wing of its current building to accommodate 40 women and the residents moved over in May, 1992. Even with the enlarged facility, the shelter regularly has a waiting list of 13 to 25 women daily. During the summer of 1994, these numbers dropped unexpectedly, leaving vacant beds. Staff speculate that the measures taken by Valley Mental Health to create new housing for women with mental problems has decreased some of the shelter population.

Women with their children move into the Family Shelter in the same building, but in a section immediately north of the Women's Shelter. Pregnant women may remain in the Women's Shelter until the child's birth and then must move to one of the area shelters that allows children: the TAS Community Shelter Family Shelter, Marillac House operated by Catholic Community Services, or Rescue Haven. Some women will venture to St. Anne's in Ogden if they cannot find a facility in Salt Lake.

The majority of homeless single women stay in Salt Lake County. St. Anne's, Marillac House, Rescue Haven, and the Salt Lake Community Shelter and Resource Center (TAS) are the only shelters in the state designed expressly for homeless women, with or without their children. Some other shelters were constructed to assist women faced with domestic violence, and in some cases they have enlarged their programs to accommodate the homeless needs of others than domestic violence victims.

#### *Demographics*

Eighteen percent of women at the Salt Lake Community Shelter and Resource Center during the summer of 1994 were between the ages of 18 and 23 and another sixty percent were between 24 and 44, with 13.5 percent were 45 to 54. Six were between 55 and 69; one was over 70. These numbers declined sharply in every age category, except one, in the last quarter of the year, probably as they moved onto warmer climates with winter coming quickly. The one exception was the over 70 slot in which three women moved into shelter.

Caucasians still constitute the predominate ethnic group, followed by Hispanics, and a smaller group of African Americans and Native Americans. Asians and Pacific Islanders combined represent only 1 percent of the homeless shelter population statewide.

#### *Domestic Violence and Sexual Abuse*

The problems of domestic violence and sexual abuse contribute are growing in public awareness and public concern. One indication of this is that Park City (Summit County) completed construction of a domestic violence shelter in 1995, West Jordan (south Salt Lake County) and Cedar City in 1996, and Davis County in 1998. The University's 1995 study found that "The incidence of physical and sexual abuse before becoming homeless was significantly higher for respondents at or below the median age of 38... This was also true for women... Coupled with the fact that such abuse decreases after becoming homeless, this might indicate that physical and sexual abuse contributes to homelessness in younger individuals and women."<sup>1</sup>

Domestic violence affects women and their families directly through the immediate need to seek safety from a volatile situation. The indirect effects, particularly for sexual abuse, are more difficult to detect, but for that reason, perhaps more pernicious. Depression, anxiety, poor life style choices, continued dysfunctional relationships, physical health problems, and alcohol/substance abuse have all been attributed to continued sexual and physical violence.

Although hard to determine exactly, estimates by case managers indicate approximately 90 to 95 percent of the women entering the TAS shelter have survived sexual abuse at different points in their lives. It is often not even the presenting problem that brought them into shelter. They mention it only in passing, as casually as they might describe their grocery lists.

One young woman barely old enough to be in shelter was advised by TAS staff against going with a man who had advertised for a housekeeper, but seemed to want more than that. She pleaded with the caseworkers to understand: "I'd rather be hit on by one man than 50." That she would have to accept this sexual behavior was a given; the only control in her experience was to minimize its extent.

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<sup>1</sup>Mark C. Hampton et al., *The 1995 Utah Homeless Survey Final Report* (Salt Lake City: 1995), p. 13.

## Health

The University of Utah survey found no statistical difference between men and women's physical health. However they did determine that 35.1 percent of respondents had been sick within the last year, and those illnesses were often life-threatening: 28.7% of the all respondents had a serious or life-threatening illness in the previous year. Ironically, younger homeless people were sick twice as often as older homeless people.

One cause of poor health could be inability or unwillingness to access services. Seventy-two percent of women without their children in the Salt Lake Shelter had no health insurance; only thirty-six percent received food stamps but data from the Wasatch Homeless Health Care Program (WHHP) indicate that this population, particularly the older members, seem to underutilize their medical services. Ninety-three females out of 228 patients came into the clinic in November, 1993 as new clients. The largest groups included under age 5, 20 to 24 years old, and women aged 30 to 34. In 1994, women made up about half of the WHHP clients: 1,465 women compared to 3,091 men. Even fewer utilized the dental program: 342 women versus 1,283 men. The largest age group using the health clinic was the 20 to 34 group, followed by those 35 to 44.

Other Medicaid providers are available for Medicaid eligible women throughout the state. Older women can receive Medicare and there is assistance for those on disability, but the majority of women seem to rely on the Utah Medical Assistance Program (UMAP), or emergency room service.

Acute respiratory infections afflict all age groups. Other ailments include everything from bodily injury (ranked third for young women, fifth for women above 65) and hypertension (which shows up in the 45 and above groups) to menstrual disorders (particularly true for younger women). But the exact nature and severity of illnesses among homeless women needs more study. Additionally, a number of homeless women face issues related to aging: menopause, osteoporosis, and failing eyesight and hearing although these do not appear as presenting problems in the following table.

"Of the women surveyed," reports the University of Utah 1995 study, "39 (63.9% of valid responses) indicated that they had access to pre-natal care. The survey instrument did not ask whether they had need of such services."<sup>2</sup> Other studies suggest that prenatal care remains a major concern. The major high risk programs at the University of Utah, funded by the state, and the Salt Lake County Health Department were eliminated although the University Hospital continues to operate its own high risk program. Additionally, WHHP offers applications and information on the Baby Your Baby program and has a community health nurse who provides valuable information to shelter and SRO residents.

One woman came into the TAS shelter after gaining only ten pounds in seven months of pregnancy. She is certainly not the only example of women without the proper nutrition who have low birth weight babies, who in turn, go on to have medical problems of their own. Unfortunately, the two major high risk programs at the University of Utah and Salt Lake County Health Department will be eliminated through funding cuts. Wasatch Homeless Health Care lists the following problems in rank order facing homeless females seen between 1 January 1993 and 30 November 1993:

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<sup>2</sup>Mark C. Hampton, et al., *The 1995 Utah Homeless Survey Final Report* (Salt Lake City: 1995), p. 12.

*Pediatrics (0-14 years)*      *Adolescents (15-19 years)*

1. Otitis media
2. Acute respiratory infections
3. Viral infections
4. Dental caries
5. Rash and other skin eruptions
6. Disorders of conjunctiva
7. Gastroenteritis and colitis
8. Lice
9. Fever with chills, unknown origin
10. Obesity

1. Pregnant state, incidental
2. Disorders of menstruation and other Abnormal bleedings
4. Rash and other skin eruptions
5. Pregnancy test or exam
6. Abdominal pains

*Young Adults (20-44 years)*

1. Acute respiratory infections
2. Disorders of menstruation/abnormal bleeding
3. Bodily injury (hand, trunk, knee)
4. Fever with chills, unknown origin
5. Cough with hemorrhage
6. Asthma
7. Abdominal pains
8. Headache/migraine
9. Backache
10. Disorders of urethra and urinary tract
11. Cellulitis and abscess

*Mature Adults (45-64 years)*

1. Essential hypertension
2. Acute respiratory infections
3. Rash and other skin eruption
4. Backache
5. Diabetes mellitus
6. Peptic ulcer
9. Gastroenteritis and colitis
10. Asthma

*Aged (65 + years)*

1. Diabetes mellitus
2. Essential hypertension
3. Acute respiratory infections
4. Chest pains
5. Injury to body, unspecified
6. Abnormality of red blood cells

Journalist John Leo states in *US News and World Report* (November 8, 1993) that "The main causes [of homelessness] are addiction and pathology." He cites a study which suggests that up to 85 percent of the homeless population are alcoholics, drug addicts, or mentally ill. Probably no one knows for sure. Many of the homeless with serious mental health problems stay away from shelter for any number of reasons: inability to deal with the system, fear of other residents, discomfort with staff.

The best estimates are that about 20 percent of the women have serious mental health issues (schizophrenia, paranoid personalities, for example), and about 70 percent, total, need some level of mental health intervention. The University's 1995 study found no statistical difference in mental health between men and women, but observed that 27.8 percent of respondents showed four or more symptoms of mental illness. A worker at Storefront (Valley Mental Health outreach to the homeless) indicated that she knows another 20 or 25 women on the streets who are too sick to come into shelter. They are some of the most vulnerable of all the street people.

### *Housing, Education, and Income*

Housing, education, and income figure as three of the major reasons why women are homeless. Forty-eight percent at the end of 1994 were high school graduates or had obtained a GED, but forty-one percent never finished high school at all and eight percent never moved past eighth grade. The state poverty level for one person is \$581/month. At least 85 percent of the women earn no more than 75 percent of the poverty level: anywhere from zero income to \$435/month.

There are a few bright spots, however. Utah Nonprofit Housing has entered into several partnerships which produce not only the funding necessary for housing, but follow-up case management services after women leave shelters. Two recently completed projects, Sedona Apartments and Ivy Place, are targeted for homeless women specifically, particularly women surviving domestic violence or still dealing with mental health problems. The state seems to be encountering a growing population of homeless women who possess little education or income, but face a multitude of problems.

### *Services Provided*

Most shelters mandate case management intervention to assist women in steps out of homelessness. Many women have learned behavior which only leads to other problems. Case management offers options and access to resources that the women may not have utilized before. This involves making an initial assessment and then designing a case plan in conjunction with the shelter resident to determine the reasons for homelessness and goals to change this lifestyle.

It also includes coordinating efforts with any number of community-based agencies. One of the reasons for homelessness is the lack of supportive social networks. As mentioned before, friends and family can not provide the emotional, social or financial sustenance of previous years. The caseworker's role involves helping to establish some new networks. Housing authorities, legal resources, adult education programs, alcohol and substance abuse programs, medical and mental health providers, life skills classes, employment assistance, and other shelters are all used in the case plans.

### *Summary*

The state faces an increased population of homeless women. They are well out of their teens, and without high school diplomas or many employment skills. These women encounter physical and mental health problems, issues over the loss of their children to foster care or other family members, abusive relationships, and their own dysfunctional behavior.

At the same time, these women exhibit an amazing amount of creative energy and resilience. They have survived horrendous experiences. The challenge for any social service agency is to help the women redirect their abilities into more positive directions, and to hope that the residents are ready to change.

### **Accomplishments**

Travelers Aid Society (TAS), which operates the Salt Lake Community Shelter and Resource Center, continues to run three shelters and coordinate efforts with community organizations to provide services and resources to residents. Some progress has been made in housing through the efforts of Utah Nonprofit Housing, the Department of Community and Economic Development, Valley Mental Health, city and county entities, and private corporations. This is promising, and Utah Housing Technical Assistance Project should help fill in some other gaps, particularly in the rural areas.